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## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Assistant Commissioner for Patents Washington, D.C. 20231

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| Application Number     | 10/009,417                                   |  |  |  |  |  |  |
| Filing Date            | December 4, 2001                             |  |  |  |  |  |  |
| First Named Inventor   | Coelho, Philip, et al.                       |  |  |  |  |  |  |
| Art Umt                | 1651   |  |  |  |  |  |  |
| Examiner Name          | A-13   |  |  |  |  |  |  |
| Attorney Docket Number | 31120-pa                                     |  |  |  |  |  |  |

| Bernhard Kreten, Reg. No. 27,037   |   |   |                  | Ct : Vu     |      |                | 31120           | 1-pa            |          |
|--|---|---|------------------|-------------|------|----------------|-----------------|-----------------|----------|
| Customer Number  Type Customer Number here  Place Customer Number Bar Code Label here  Prace Customer Number Bar Code Label here  Address  300 Capitol Mall, Suite 1100  Address  City Sacramento state  Country United States  Telephone (916) 930-9700 Fax (916) 930-9008  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor  Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or deciaration. See 37 CFR 1.33(a)(1). Registration Number  Prace Customer Number Bar Code Label here  Prace Customer Number Bar Code Label here Label here Prace Customer Number Bar Code Label here Label here Number Bar Code Label here Label here Label here Label here Number Bar Code Label here  | Please change the Cor                                 | respondence Address for the   | e above-ider     | ntifie      | d ac | plication      |                 |                 |          |
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| Address 300 Capitol Mall. Suite 1100  Country 300 State 300 Capitol Mall. Suite 1100  Telephone (916) 930-9700 Fax (916) 930-9008  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor.  Assignee of record of the entire interest Statement under 37 CFR 3 73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number where the printed and application is responsible.  April 23, 2003  OTE Signatures of all the inventors or assignees of a cord of the cotton interest or their representative-st are required. Sobmit molitiple and more man one signature is required. See below:  |   |   |                  |             |      |                | Number Bar Code |                 |          |
| Address  300 Capitol Mall. Suite 1100  Address  City Sacramento State California Zip 95814  Country United States  Telephone (916) 930-9700 Fax (916) 930-9008  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor.  Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number where the provided are assigned as a control of the entire entire entire interest statement under 37 CFR 3.70(a) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number where the provided are assigned as a control of the entire ent | OR  |   |                  |             |      |                | La              | ber nere        |          |
| Address  City Sacramento State California ZIP 95814  Country United States  Telephone (916) 930-9700 Fax (916) 930-9008  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor.  Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Applicant Kreten, Reg. No. 27.037  Ignature April 23, 2003  DTE Signatures of all the inventors or assembles of more data the entire stores for their representative strate required. Submit multiple mis finding than one signature is required. See below:  | Firm or Individual Name                               | Bernhard Kreten, Esq. & .   | Associates       |             |      |                |                 |                 |          |
| City Sacramento State California ZIP 95814  Country United States  Telephone (916) 930-9700 Fax (916) 930-9008  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  | Address   | 300 Capitol Mall. Suite 11  | 00               |             |      |                |                 |                 |          |
| Country United States  Telephone  (916) 930-9700 Fax  (916) 930-9700  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest Statement under 37 CFR 3 73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Ded or Printed me  Bernhard Kreten. Reg. No. 27,037  Ghature  April 23, 2003  DIE Signatures of all the inventors or assignator is required. Submit multiple as it more than one signature is required. See below:  | Address   |   |                  |             |      |                |                 |                 |          |
| Telephone  (916) 930-9700  Fax  (916) 930-9008  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the :  Applicant/Inventor.  Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number   | City  | Sacramento  |                  |             |      | alifornia      | Т               | 05044           |          |
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| Bernhard Kreten, Reg. No. 27,037  ignature  April 23, 2003  OTE: Signatures of all the inventors or assignees of reford of the entire interest or their representative is lare required. Submit multiple   | Assignee of Statement ur  Attorney or A  Registered p | record of the entire interest.  nder 37 CFR 3.73(b) is encloragent of record. | anti-            |             |      |                | plicatio<br>er  | n without an    |          |
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| OTE: Signatures of all the inventors or assignees of report of the entire interest or their representative is) are required. Submit multiple   | ignature Little Lid                                   |   | die              | 1           | Ċ,   | ni.            |                 |                 |          |
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Builden Hour Statement. This torm is estimated to take 4 minutes 1. John Are. This All Lian, depending upon the needs of the individual case. Any comments on the amount of time upon are required to home which the should be sent to the 10 metant long time to 19 feet to 3. Parent and Trademark Office. Washington, DC 20231, DO NOT SEND FEES OR 6 DMRETER FORMS 1. THIS AUDRESS. SEND TO: Assistance minutes input to Parents. Washington, DC 20231.